

**MONDAY MORNING GROUP OF WESTERN RIVERSIDE COUNTY  
ANNUAL ADVOCACY TRIP – WASHINGTON, DC  
APRIL 20-23, 2026**

**SUPPORT MEDICARE PAYMENT REFORM**

**ISSUE:** Riverside County physicians face a long-standing Medicare payment crisis that has intensified over decades. Since 2001, Medicare physician payments have declined by 33% when adjusted for inflation, while the Medicare Economic Index (MEI)—which reflects rising costs for wages, rent, and supplies—continues to climb. This widening gap undermines practice sustainability in a region already struggling with critical provider shortages.

**ACTION:** The Monday Morning Group urges Congress to enact reforms that reverse the systemic decline in Medicare physician reimbursement and protect Riverside County’s long-term healthcare capacity.

Specifically, the Monday Morning Group supports the following legislative actions:

- **Support H.R. 6160 (Ruiz):** Establish a permanent, annual inflationary update to Medicare physician payments tied to the full MEI to reflect the full cost of delivering care.
- **Pass the Provider Reimbursement Stability Act:** Raise budget neutrality thresholds from \$20 million to \$53 million to avoid automatic, across-the-board cuts when service values are updated.
- **Advance Merit-Based Incentive Payment System (MIPS) Reform:** Enact legislation to improve transparency and allow real-time performance feedback so providers can adjust and succeed under the program.

**BACKGROUND:** Riverside County, the fourth most populous county in California, continues to experience severe workforce shortages, with only 35 primary care physicians per 100,000 residents, far below recommended levels. Stagnant Medicare rates, rising operating costs, and limited inflationary updates are accelerating practice closures, reducing physician participation in Medicare, and driving consolidation into large urban systems—further limiting local access and increasing patient wait times.

This crisis is compounded by other federal policy pressures, including restrictive student loan caps, high H-1B recruitment fees, and bi-annual Medi-Cal re-enrollment requirements. Together, these forces threaten to destabilize the regional healthcare system. Without timely congressional action to modernize the Medicare payment formula and adjust budget neutrality thresholds, the growing workforce shortage will jeopardize health access and equity for the 2.4 million residents of Inland Southern California.